

2022

Small Business Assistance Program – Second Round

Town of Bethel, CT
Economic Development
1/3/2022

Small Business Assistance Program Overview

The Bethel Small Business Assistance Program was established to provide limited, one-time direct financial assistance to eligible Bethel small businesses that employ 25 or fewer employees and that have been adversely impacted by the COVID pandemic. The Program is funded through the American Rescue Plan Act (ARPA) funds, and administered by the Town of Bethel's Economic Development Commission. The Program is intended to provide assistance to eligible Bethel businesses that have been impacted by the coronavirus pandemic and have a need for funding that will help the business and the Bethel business community become stronger in the current marketplace.

Who is eligible to apply?

To be eligible for assistance under this program, applicants must be a Bethel based business that is physically located and registered within the Town of Bethel and employs twenty five or fewer employees.

The business must currently be in and have been in operation as of January 1, 2019.

Applicant must be in good standing and current on its federal, state and local tax obligations and have no outstanding liens or judgments.

Applicant must be compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages, unemployment insurance, workers' compensation, and child labor.

The business must be able to demonstrate satisfactorily that it has been negatively impacted by the coronavirus pandemic and that the funding will enable the business to continue to operate and become stronger. The business must present a reasonable likelihood for long term viability.

The business must have a clear and specific use for the grant money and the grant money can only be used toward future expenditures.

Applicants must self certify the eligibility requirements on the application.

If a business received a Small Business Assistance grant in 2021 they are not eligible for the second round of grant funding.

How much can I apply for?

Eligible businesses may apply for grants of up to \$5,000. Funding is limited and it is anticipated that requests for assistance will be greater than funding on hand. Not all businesses approved for participation will receive the maximum amount. The amount will be based upon the documented need of the business and available resources.

Business must demonstrate economic hardship and demonstrate that the operating funds are necessary and sufficient, when combined with any other sources, to sustain the business.

What is the approval process?

All applications will be reviewed by the Director of Economic Development and a subcommittee of the Economic Development Commission. Their recommendations will be forwarded the Economic Development Commission for final approval. Program staff will make every effort to ensure timely review of all applications received.

In addition to program requirements, awards will be based on a number of factors including: the continued viability of the business enterprise, the degree to which the business has been impacted by the pandemic and the proposed use of the funds. Some examples of use of funds includes, but not limited to:

- Payroll costs
- Mortgage interest
- Rent
- Utilities
- Operational expenses
- Worker protection expenditures
- Costs associated with the compliance of public health measures
- Specific investment to enhance the viability of the business
- Construction of an outdoor dining area
- Innovative business or business community marketing program
- Workforce training or recruitment program

Priority will be given to woman-owned/ or minority owned businesses.

The Committee will also consider the extent to which the business has received other assistance to date and its access to other funding sources.

Upon approval, a formal agreement between the assisted business and the Town will be executed.

Submissions:

Applications will be able to be submitted as attachments to an email and sent to eddirector@bethel-ct.gov. Applications will be accepted from **January 4th** – **February 1st.** Applications submitted prior or after this date will not be considered. Please title your email "Small Business Assistance Program – Round 2"

Rubric:

Applications will be evaluated based on the following criteria.

Eligibility Requirements	Yes	No	
	(1 pt)	(O pt)	
Complete Application			
Application Submitted on Time			
Applicant Meets the Eligibility			

Total Score Needed = 3

^{*}The applicant must score a 3 in order to be eligible for the grant.

Priority Criteria	Yes (1 pt)	No (O pt)	
Woman or Minority Owned	(1 pt)	(O pt)	
Business			

Priority Criteria Total Score (Max Score = 1)

Other Criteria	Above Average (3 pts)	Average (2 pt)	Below Average (1 pt)	Missing (0 pt)
Economic Hardship – Negative	(5 pts)		(1 pt)	
Impact of COVID-19 on the Business				
Use of Funds				
Does the submitted documentation support the				
amount being requested? Impact Grant would have on				
the Business				
Viability of Business				
Financial Need				

Other Criteria Total Score (Max Score = 18)

Application Total Score =	_
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BETHEL COVID-19 BUSINESS ASSISTANCE PROGRAM APPLICATION

Section 1: Applicant Information

State	Zip Code	
Webs	ite URL	
ousiness incorporat	red/registered?	
Years at Curr	rent Location	
2020	Gross Revenue \$	
?		
ousiness have on Ja	anuary 1, 2019?	
business currently	have on payroll?	
rity owned? θ Yes	s θ No	
nt on all tay obliga	tions to the Internal Revenue Service, the State of	
any outstanding lie	ns or judgments? θ Yes θ No	
	State Webs Number (EIN) Pusiness incorporate Years at Curr 2020 Susiness have on Jar business currently rity owned? θ Yes ant on all tax obligathel? θ Yes θ N	State Zip Code Website URL Number (EIN) pusiness incorporated/registered? Years at Current Location 2020 Gross Revenue \$ pusiness have on January 1, 2019? pusiness currently have on payroll? rity owned? θ Yes θ No and the Internal Revenue Service, the State of the the Yes θ No any outstanding liens or judgments? θ Yes θ No

Is the business compliant with the Connecticut Department of Labor Office of Unemployment Assistance and all applicable state and federal employment laws and regulations, including but not limited to minimum wages unemployment insurance, workers' compensation, and child labor. θ Yes θ No			
If no, please explain:			
Have you applied for any funding from federal programs such as the Payroll Protection Program (PPP) or SBA Economic Injury Disaster Grant/Loan Program related to the current pandemic and disaster declaration? θ Yes θ No			
Have you been approved or received any funding to date from federal or state relief programs related to the pandemic and disaster declaration? θ Yes θ No			
If yes, please provide details as to program and amount:			
Please provide documentation supporting the funds you are requesting i.e. estimates or quotes. Please describe the impact of COVID-19 on your business:			
How will you use the funds?			
What impact will the grant have on your business?			

Section 3: Applicant Certification

I hereby certify that the information contained herein is complete, true and accurate to the best of my knowledge. I further authorize the Economic Development Commission as well as its participating partners to make inquiries as necessary to verify the information contained in this application.

The undersigned agrees that any funds provided pursuant to this application will be utilized exclusively for the purpose(s) set forth in this application, as may be amended. Upon utilization of the funds, the undersigned will provide a final report to EDC outlining what was done with the funds. If the funds are not utilized exclusively for the purpose(s) set forth in this application or not used in total the undersigned will return the funds to the Town of Bethel.

I understand that false or misleading statements may result in forfeiture of benefits and criminal prosecution under the laws of this State.

Applicant Signature:	
Printed Name:	
Date:	